Kate
EZ Care
Enrollment

KIDS'CLUB SCHEDULE CHANGE



DROP/ADD FORM

CHILD'S NAME	GRADE
DRO	OP .
Check the days you would like	
Before School: Mon Tues Wed. After School: Mon Tues Wed.	Thurs Fri Thurs Fri
I request the above DROP to be effective for the mo	nth of (Month)
NOTE: ALL DROPS must be effective the first of the made. There are no refunds of partial months.	
AD	<u>D</u>
Check the days you would like NOTE: Additional days may not be available. Make the change cannot be made.	
Before School: Mon Tues Wed. After School: Mon Tues Wed.	Thurs Fri Thurs Fri
I request the above ADD to be effective for the mont	h of (Month/Day/Year)
Parent Signature	Date
School Year tuition is due the 1 st of the montl (Ex: September 1 st for September care)	n of care.

Schedule changes must be made by the 25^{th} of the month, prior to the month you are changing. No refunds for partial months.

All schedule changes must be made in writing using the Drop/Add Form and submitted to our office.